FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34641
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 161

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN Wash. Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital 3 — Length of stay in 1b 15 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1152 4 Perry Ave — Inside City Limits on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First GRACE Middle CHARLOTTE Last LEWIS

4. DATE OF DEATH Month Sept Day 11 Year 1957

5. SEX female
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Feb 4, 1911
9. AGE (In years last birthday) 46
IF UNDER 1 YEAR: Months 7 Days 9
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Smith
13b. MOTHER'S MAIDEN NAME Elizabeth James
14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Records State Hospital 3 Nevada, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	5 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic Myocarditis	several
DUE TO (c)	(Probably Rheumatic)	years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 415 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 16/1941 to Sept 11/57 and last saw her him alive on Sept 11, 1957
Death occurred at 2:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul L Barone MD (Degree or title)
22b. ADDRESS State Hospital 3 Nevada Mo
22c. DATE SIGNED Sept 11/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1957 September 14
23c. NAME OF CEMETERY OR CREMATORY Mount Grove Cemetery
23d. LOCATION (City, town, or county) Independence (State) Missouri

24. FUNERAL DIRECTOR Speaks Funeral Home ADDRESS Independence Missouri
25. DATE RECD. BY LOCAL REG. 9-18-1957
26. REGISTRAR'S SIGNATURE Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4822

P. O. Address Granada

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.